

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <small>(Use as many sheets as necessary)</small>		<small>Complete if Known</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td colspan="4">09/833,229</td> </tr> <tr> <td>Filing Date</td> <td colspan="4">April 11, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td colspan="4">Scheiner, Avram</td> </tr> <tr> <td>Group Art Unit</td> <td colspan="4">3762</td> </tr> <tr> <td>Examiner Name</td> <td colspan="4">Droesch, Kristen</td> </tr> </table>					Application Number	09/833,229				Filing Date	April 11, 2001				First Named Inventor	Scheiner, Avram				Group Art Unit	3762				Examiner Name	Droesch, Kristen			
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Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.				T ²
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EXAMINER

Kristen Droesch

DATE CONSIDERED

5/7/03